PTO/SB/82 (11-96)

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## **REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Muirbrook, Carl T.
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all application:	previous powers of attorney o	r authorizations of agent	given in the above-identified
OR	Attorney or Authorization of Ag		
	ner Number 37387		
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Country		State	ZIP
Telephone	-	Fax	
	of record of the entire interest under 37 CFR 3.73(b) is enclo	osed	
	SIGNATURE of Applicant	or Assignee of Record	
Name Ca	rl T. Muirbro	ook	
Signature	L. t. Mil	-l.	
Date ///	11/03		

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Muirbrook, Carl T.

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**DECLARATION FOR UTILITY OR** 

**DESIGN** 

PATENT APPLICATION

Attorney Docket Numb r

**COMPLETE IF KNOWN** 

First Named Inv ntor

(37 CFR 1.63)		Application Number						
Declaration Submitted OR with Initial Filing	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date						
		Art Unit		:				
		Examiner Name						
As the below named inventor, I he	reby declare that:		<del>,,,,</del>					
My residence, mailing address, and o	citizenship are as stated below	w next to my name.						
I believe I am the original and first inv	entor of the subject matter wi	hich is claimed and for which	ch a patent is soug	tht on the invention entitled:				
An Alternative Efficient Milking Method								
(Title of the Invention)								
the specification of which	(1.00 0.00 0.00	,						
is attached hereto								
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number	and was amende	d on (MM/DD/YYYY)		(if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
Additional foreign application nu	mbers are listed on a suppler	nental priority data sheet P	10/SB/02B attach	ieu nereto.				

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## **DECLARATION** — Utility or Design Pat nt Application

Direct all correspondence to: 1	Customer Number or Bar Code Label		7387		OR Con		Corre	respondence address below		
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USA	ı ,	phone	C					Fax		
Country	-			-				<u> </u>		_
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						,				
NAME OF SOLE OR FIRST INVENTOR :		A petition f	as be	en filed f	or th	nis u	nsign	ed invent	or	
Carl T.				-	Mui	rbro	ook			
Given Name (first and middle [if any])			Family Name or Surname							
Inventor's Signature	Lu	l						Date ///	11/03	
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city Tunlock		State Cyl		ZIP 9				Country	USA	
NAME OF SECOND INVENTOR:		A petition ha	s been	filed for	this	uns	signed	d inventor		
Given Name (first and middle [if any])			Family or Sur	/ Name						
Inventor's										
Signature								Date		
		State		Country	,			Citizenship	•	
Residence: City		State		Country				Onizensin		
Mailing Address										
				]			1			
City		State		ZIP				Country		
Additional inventors are being named on the	sup	plemental Addition	nal Inve	entor(s) sh	eet(s	)PT	D/SB/0	2A attached	hereto.	_